



Developing health system surge capacity: Community efforts in jeopardy

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Abstract:

Since Sept. 11, 2001, communities have responded to the federal call to enhance health care surge capacity--the space, supplies, staffing and management structure to care for many injured or ill people during a terrorist attack, natural disaster or infectious disease pandemic. Communities with varied experience handling emergencies are building broad surge capacity, including transportation, communication, hospital care and handling mass fatalities, according to a new study by the Center for Studying Health System Change (HSC). Communities rely on federal funding to help coordinate and plan across agencies and providers, conduct training and drills, recruit volunteers, and purchase equipment and stockpile supplies. The current federal focus on pandemic influenza has helped prepare for all types of emergencies, although at times communities struggle with fragmented and restrictive funding requirements. Despite progress, communities face an inherent tension in developing surge capacity. The need for surge capacity has increased at the same time that daily health care capacity has become strained, largely because of workforce shortages, reimbursement pressures and growing numbers of uninsured people. Payers do not subsidize hospitals to keep beds empty for an emergency, nor is it practical for trained staff to sit idle until a disaster hits. To compensate, communities are trying to develop surge capacity in a manner that supports day-to-day activities and stretches existing resources in an emergency. Many of these efforts--including integrating outpatient providers, expanding staff roles and adapting standards of care during a large-scale emergency--require greater coordination, guidance and policy support. As time passes since 9/11 and Hurricane Katrina, federal funding for surge capacity has waned, and communities are concerned about losing surge capacity they have built.

Source: <http://www.hschange.org/CONTENT/991/>

Resource Description

Communication:

resource focus on research or methods on how to communicate or frame issues on climate change; surveys of attitudes, knowledge, beliefs about climate change

A focus of content

Communication Audience:

audience to whom the resource is directed

Public



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Exposure :

weather or climate related pathway by which climate change affects health

Extreme Weather Event

Extreme Weather Event: Hurricanes/Cyclones, Wildfires

Geographic Feature:

resource focuses on specific type of geography

None or Unspecified

Geographic Location:

resource focuses on specific location

United States

Health Impact:

specification of health effect or disease related to climate change exposure

Infectious Disease, Morbidity/Mortality

Infectious Disease: Airborne Disease, General Infectious Disease

Airborne Disease: Influenza

Medical Community Engagement:

resource focus on how the medical community discusses or acts to address health impacts of climate change

A focus of content

Mitigation/Adaptation:

mitigation or adaptation strategy is a focus of resource

Adaptation

Population of Concern: A focus of content

Population of Concern:

populations at particular risk or vulnerability to climate change impacts

Elderly

Other Vulnerable Population: Non-english speakers; Disabled

Resource Type:

format or standard characteristic of resource

Policy/Opinion, Research Article

Resilience:

capacity of an individual, community, or institution to dynamically and effectively respond or adapt to

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shifting climate impact circumstances while continuing to function

A focus of content

Timescale: 

time period studied

Time Scale Unspecified